

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except as specified on Page 3 of this supplement, the Medicaid agency uses the following general method for payment:

1. Payments for inpatient hospital services, outpatient hospital services, medical supplies, and physician-related services are limited to state plan rates and payment methodologies.
2. Payments for other services are up to the full amount of the Medicare rate.

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QMBs: Part A SP Deductibles SP Coinsurance

Part B SP Deductibles SP Coinsurance

Other Part A SP Deductibles SP Coinsurance

Medicaid

Recipients

Part B SP Deductibles SP CoinsuranceDual Part A SP Deductibles SP Coinsurance

Eligible

(QMB Plus)

Part B SP Deductibles SP Coinsurance

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Medicaid payment for specified Medicare crossover claims will be the lower of the allowed Medicaid payment rate less the amounts paid by Medicare and other payors, or the Medicare co-insurance and deductibles. The specified Medicare crossover claims are defined as: Inpatient Hospital, Outpatient Hospital, Medical Supplies, and Physician-Related.

Expenses in the Medical Supplies category are further defined as billings from medical suppliers and pharmacies that bill for medical supplies.

Expenses in the Physician-Related category are further defined to include osteopaths, podiatrists, independent laboratories, and independent radiology providers. Anesthesiologists are excluded, however.

In the event that Medicaid does not have a price for codes included on a crossover claim, the Medicare co-insurance and deductible will be paid.

Medicaid payment for all other allowed Medicare crossover claims will be the amount of co-insurance and deductible billed by Medicare.

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